

ALL INFORMATION RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 125

Registered No. 145

1. PLACE OF BIRTH

County Gila

State

District or Township

or Village

City Globe

No. Gila County Hosp.

St.

Ward

2. Full name of child Keithley Earl McClain

If birth occurred in a hospital or institution, give its NAME instead of street and number

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month

Day

Year

8.

FATHER

Full name

Earl Emmett Mc Clain

14.

MOTHER

Full maiden name

Leola Mae Bonebrake

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Durham
Ariz.

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Durham
Ariz.

10. Color or race

white

11. Age at last birthday 34 (Years)

16. Color or race

white

17. Age at last birthday 26 (Years)

12. Birthplace (city or place)

(State or country)

Plantin
Mo

18. Birthplace (city or state)

(State or country)

Leeone
Mo

13. Occupation

Nature of industry

Educator
Principal School

19. Occupation

Nature of industry

Home wife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child).

(a) Born alive and now living 2

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive

(Born alive or stillborn)

at 5-40 m. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Charles E. Davis

Given name added from a supplemental report

Month, day, year

Address

Miami
Arizona

(Physician or midwife).

Registrar.

Filed

9/13, 1928

H.E. Wightman

Registrar.

245-813-325